

PART 2 (FOR BENEFIT TYPE "1" ONLY) TO BE COMPLETED BY THE EMPLOYER OF THE WORKER APPLYING FOR BENEFIT PAYMENT - IF YOU ARE CURRENTLY NOT EMPLOYED IN CONSTRUCTION OR ARE A CONTRACTOR THIS PAGE DOES NOT NEED TO BE COMPLETED

EMPLOYER DETAILS

| | | | |
|---|--|---|---|
| EMPLOYER'S TRADING NAME <input style="width:95%;" type="text"/> | | EMPLOYER'S NT BUILD REGISTRATION NUMBER (IF KNOWN) <input style="width:95%;" type="text"/> | |
| MAILING ADDRESS <input style="width:95%;" type="text"/> | | | STATE <input style="width:15%;" type="text"/> |
| | | | POSTCODE <input style="width:15%;" type="text"/> |
| TELEPHONE <input style="width:25%;" type="text"/> | FACSIMILE <input style="width:25%;" type="text"/> | MOBILE <input style="width:50%;" type="text"/> | |
| CONTACT PERSON FOR ENQUIRIES <input style="width:95%;" type="text"/> | | EMAIL ADDRESS <input style="width:95%;" type="text"/> | |

TICK TO INDICATE THE REASON FOR BENEFIT CLAIM:

1 THE WORKER HAS BEEN GRANTED _____ DAYS LONG SERVICE LEAVE TO BE TAKEN FROM ____/____/____ TO ____/____/____
 • A SATURDAY, SUNDAY OR PUBLIC HOLIDAY MUST NOT BE COUNTED AS A DAY OF LEAVE

2 THE ABOVE WORKER HAS BEEN CEASED ON ____/____/____ FOR THE FOLLOWING REASON BELOW:

RESIGNATION
 • THE WORKER HAS RESIGNED FROM HIS OR HER POSITION

TERMINATION
 • THE WORKER HAS BEEN TERMINATED FROM HIS OR HER POSITION

RETIREMENT
 • THE WORKER HAS REACHED THE RETIREMENT AGE

BONA-FIDE REDUNDANCY
 • THE WORKERS POSITION IS NO LONGER AVAILABLE AND HAS BEEN MADE REDUNDANT

INVALIDITY (TPI)
 • THE WORKER HAS SUSTAINED A PERMANENT INJURY AND HAS BEEN PROVEN TO BE NO LONGER FIT TO PERFORM IN HIS OR HER PROFESSION

EMPLOYER DECLARATION

I declare the details on this form are true and correct to the best of my knowledge.

EMPLOYERS SIGNATURE

DATE (DD/MM/YYYY)

PART 3 (FOR BENEFIT TYPE "5" ONLY) TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE OF THE DECEASED MAKING THE CLAIM

PART 3 - PERSONAL REPRESENTATIVES DETAILS

| | | | |
|--|---|--|---|
| SURNAME <input style="width:95%;" type="text"/> | | GIVEN NAMES <input style="width:95%;" type="text"/> | |
| MAILING ADDRESS <input style="width:95%;" type="text"/> | | | |
| SUBURB <input style="width:95%;" type="text"/> | | | STATE <input style="width:15%;" type="text"/> |
| | | | POSTCODE <input style="width:15%;" type="text"/> |
| TELEPHONE <input style="width:25%;" type="text"/> | MOBILE <input style="width:50%;" type="text"/> | | |

PRIVACY

NT Build is collecting the information on this form for the purpose of administering the *Construction Industry Long Service Leave and Benefits Act*. In appropriate cases, the information may be accessed by government agencies, private organisations and members of the public as required or permitted by law, or where that information is required to be provided to another state authority for the purpose of making a Long Service Leave payment to the beneficiary.

Without a workers personal information, NT Build is unable to process an application for payment of Long Service Leave entitlements.

For more information please refer to the privacy and access policies (available at <http://www.ntbuild.com.au/information-privacy-access/>) issued in accordance with the *Information Act* (NT) or contact the Registrar, NT Build on 1300 795 855.